Department of African-American Studies
Scholarship Application

Thank you for taking time to apply for the Adams Scholarship. To ensure we have all the information needed and in the order needed for evaluation, please complete this application in full and follow the instructions.

Once completed, please submit all your information to:

By Mail: Department of African-American Studies
ATTN: Adams Scholarship
P.O. Box 4109
Atlanta, GA  30302-4109

By Email: aas@gsu.edu

By Fax: Department of African-American Studies
ATTN: Adams Scholarship
Fax Number: 404-413-5140

1. Applicant’s Full Name:  _________________________
   LAST NAME       FIRST NAME       MIDDLE INITIAL

2. Applicant’s Contact Information:

   STREET ADDRESS    _________________________
   STREET ADDRESS (SECOND LINE)    _________________________
   CITY    STATE/PROVINCE       POSTAL CODE/ZIP CODE
   COUNTRY    _________________________
   PHONE       E-MAIL ADDRESS

3. Major/Minor/Concentration: _________________________

4. Grade Point Average (Overall): _________________________

5. Grade Point Average (Major): _________________________
6. Anticipated Term of Graduation (e.g. Spring 2017): _____________________

*PLEASE INCLUDE COPY OF YOUR GRADUATION AUDIT FORM*

7. List the names of your references, limited to three (2) total. (Include actual reference letters as attachments, at most 2 pages each, single-spaced, 12-point type; may be less, such as double-spaced, etc.):

______________________________________________________________

______________________________________________________________

8. General comments/ List of Awards, Accomplishments, etc. (You may also include them as an attachment, limited to one page.)

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______________________________________________________________

9. Optional: Submit a photograph to be used if selected as scholarship winner (for media and publications) [Please note: We welcome digital photos.]

16. I, applicant, verify that all information contained herein is truthful to the best of my knowledge. (Check box)

☐

Applicant: ____________________________
(Print Name)

______________________________
(Signature)

______________________________
(Date)

Chair: ____________________________
(Signature)

______________________________
(Date)